

WORKFORCE SERVICES

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**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
EXIT**Name: _____
FIRST LAST

Last Four of SSN: _____

Mailing Address: _____
STREET CITY
STATE ZIP Tel: (____) ____ - _____**EXIT INFORMATION*****Reason for program Exit*** (select only one)

- | | | | | |
|--|--------------------------------------|--|--|--|
| <input type="checkbox"/> Moved from Area | <input type="checkbox"/> Voluntary | <input type="checkbox"/> Income Ineligible | <input type="checkbox"/> Deceased | <input type="checkbox"/> Institutionalized |
| <input type="checkbox"/> For Cause | <input type="checkbox"/> Family Care | <input type="checkbox"/> Durational Limit | <input type="checkbox"/> Heath/Medical | |

Non-exit reasons for closing the record (select only one)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Withdrew application prior to assignment | <input type="checkbox"/> Transferred to another project | <input type="checkbox"/> Moved to another sub-grantee | <input type="checkbox"/> Dual enrollment |
|---|---|---|--|

Date of termination letter: ____/____/____

Date of exit or other closing: ____/____/____

VOLUNTEER INFORMATIONWill you engage in volunteer work after participation: ☐ Yes ☐ No ☐ Unknown

If yes, number of volunteer activities _____ Number of hours spent volunteering each week _____

Primary volunteer activity: _____

Activity conducted for:

- ☐
- Non-profit
- ☐
- Faith-based
- ☐
- Government
- ☐
- Informal

DISCLAIMER AND SIGNATURE

I authorize DLR to collect information regarding my employment status and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

SIGNATURE____/____/____
DATE